PTO/SB/82 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

| | | _ |
|------------------------|---------------------|---|
| Application Number | 09/806,525 | |
| Filing Date | March 30, 2001 | |
| First Named Inventor | Stephanie McKeown | |
| Group Art Unit | 1642 | |
| Examiner Name | Stephen L. Rawlings | |
| Attorney Docket Number | U0003/7001 | |
| | | |

| /hereby revo | oke all previolication: | ious powers of attorne | y or authoriza | tions of age | nt given in | the above- | |
|---|----------------------------|---|--|---------------------|---------------------------------------|--------------------|-----------------------|
| 1 | | | | | ; ; | | |
| OR | | ney or Authorization of | | | • • • | ation to | |
| Í | Customer | | | → | Place Cus Number Bi Label here | tomer ar Code | |
| OR | | | | | | | 1 |
| ☐ Firm <i>or</i> Individual | Name | | | , š | | | |
| Address | - | | | | · · · · · · · · · · · · · · · · · · · | | |
| Address | | | | | | • | |
| City | | · · · · · · · · · · · · · · · · · · · | | | | | |
| Country | | | State | | ZIP | | |
| Telephone | | | Fax | | | | |
| I am the: | • | | • | | 4. 31 | | |
| ☐ Applica | ant/Inventor | r. | | | | | |
| ⊠ Assign Certific | ee of recor ate under 3 | d of the entire interest 37 CFR 3.73(b) is encl | . See 37 CFF osed. (Form F | 3.71. PTO/SB/96) | | | |
| | | | | | ; | | |
| | SI | GNATURE of Applica | ant or Assign | ee of Reco | rd | | |
| Name | John I | lughes | ` | | | | |
| Signature | وايح | e white | و-ق | | | 43690000 | eom transfer i litera |
| Date | July | 31, 2003 | | | | | - |
| NOTE: Signature: Submit multiple for Total of | | entors or assignees of reco han one signature is require | rd of the entire in ed, see below*. | terest or their r | epresentative | e(s) are required. | 1 |
| Puster Heur State | forms are | submitted. | | | | | \exists |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/81 (02-01)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
To a collection of information unless it displays a valid CANA Under the Paperwork Reduction Act of 1995, no persons are

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

| Application Number | 09/806,525 |
|------------------------|---------------------|
| Filing Date | March 30, 2001 |
| First Named Invent r | Stephanie McKeown |
| Group Art Unit | 1642 |
| Examiner Name | Stephen L. Rawlings |
| Attorney Docket Number | U0003/7001 |

| I hereby appoin | | | | | |
|---|--|--------------------------|-------------------------|-----------------------------------|----------------|
| 1 | at Customer Number | 022832 | | Place Customer Number Bar Code | |
| ☐ Practitioner(s |) named below: | | | Label here . | |
| <u> </u> | Name | | Registration | on Number | |
| | · | | · | · | |
| | | | | | • |
| | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | |
| as my/our attorne Trademark Office | r(s) or agent(s) to prose connected therewith. | cute the application ide | entified above, and to | transact all business in | the Patent and |
| Please change t | e correspondence addr | ess for the above-iden | tlified application to: | | |
| The above-n | entioned Customer Nur | nber. | | Place Customer | |
| | t Customer Number | | | Number Bar Code Label here | |
| Firm or Individual Nam | e | | | | |
| Address | | | | | |
| Address | · | | | | |
| City | | St | ate | ZIP. | |
| Country | | | | : | |
| Telephone | <u>. </u> | F | ax | | |
| I am the: | | | | | |
| ☐ Applicant/Inv | | | | | |
| | ecord of the entire inter | | | A . | |
| Certificate un | der 37 CFR 3.73(b) is ei | | | | |
| | | ATURE of Applicant | or Assignee of Reco | rd | |
| | John Hughes | | | المنافقة المستقد | |
| Signature | A 200 | rylas. | | j.\$. | |
| | uly 31, 200 | | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | | | | |
| Total of | forms are submitted. | | | | |

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.